NH MEDICAL CONTROL BOARD

Richard M. Flynn Fire Academy
222 Sheep Davis Road
Concord, NH

MINUTES OF MEETING

September 15, 2005

Members Present: Tom D'Aprix, MD; Chris Fore, MD; Jim Martin, MD; Douglas McVicar, MD ; Sue Prentiss, Bureau Chief; Joseph Sabato, MD; John Sutton, MD; Norman Yanofsky, MD

Members Absent: Donavon Albertson, MD; Frank Hubbell, DO; Jeff Johnson, MD; Patrick Lanzetta, MD Joseph; Mastromarino, MD; William Siegart, DO

Guests: David Hogan, Jonathan Dubey, David Dubey, Steve Erickson, Doug Martin, Janet Houston

Bureau Staff: Vicki Blanchard, ALS Coordinator; Fred von Recklinghausen, Research Coordinator.

I. CALL TO ORDER

Item 1. The meeting of the NH Medical Control Board (MCB) was called to order by McVicar on September 15, 2005 - 09:00 am at the Richard M. Flynn Fire Academy in Concord, NH.

McVicar welcomed all. Introductions were made.

A moment of silence followed introductions in recognition of the victims of Hurricane Katrina.

II. ACCEPTANCE OF MINUTES

Item 1. July 21, 2005 Minutes were approved on July 29, 2005, via the email/electronic process.

III. DISCUSSION AND ACTION PROJECTS

Item 1. Response to Proposed Rules for SB88 McVicar gave an overview of SB88. Prentiss explained that a training program was developed by Jackie Stocking, NREMT-Paramedic and flight RN in cooperation with three members of the Nurse's Association, the president of the Nurse's Association, the president of the Paramedic's Association and Dr. D'Aprix.

The training program is designed to orient an RN, MD or PA to working safely and independently in the back of an ambulance. The program is to be ten (10) hours long with eight hours dedicated to the didactic portion and two (2) hours of hands on practice and testing.

Prentiss explained the program is designed to orient the RN, MD, or PA to the ambulance environment, so that they can practice safely. She referred to her own orientation when she went to work for an area hospital, where she went through a two-week orientation.

Yanofsky and others thought ten hours might be too long for the program. Prentiss countered that the provider would be alone in the back of the ambulance with the patient and the only other help would be the EMT driver. This not something a nursing career prepares you for. For that reason, several members expressed concern that the proposed course was overly didactic and needed in-ambulance training, or ride time, with the unit where the provider will be working.

D'Aprix moved that the board provide a letter of support regarding additional training for the RN's, MD's, or PA's as it pertained to SB88. Fore 2nd the motion.

Sutton stated he did feel training was necessary, although he would prefer it to be hands-on, and would support the motion if the letter were generic enough to support additional training generally and it did not endorse any particular curriculum.

Vote: UNANIMOUS, motion passed.

Item 2. Prerequisites: Blanchard presented the Board with a summary from the Prerequisite Subcommittee, which met on September 6, 2005, in response to the Medical Control Boards' request for further investigation regarding the experience needed to become eligible for an RSI program. Most specifically whether a paramedic should have ten (10) intubations within the past year, five (5) of which could be done on a manikin or whether they should be ten (10) live intubations. It was the opinion of the Subcommittee that the initial entry into the RSI prerequisite program should require ten (10) real intubations and not manikin intubations.

Fore spoke on the subject and explained that there really was no good guideline, especially in New Hampshire, with so many variables with systems and units. He also questioned, could a New Hampshire paramedic reasonably get ten (10) intubations in one year?

Donna Clark pointed out that airway management in and of itself was just as important as "putting a tube into a hole." Certainly, as she explained, the skill of properly ventilating with a BVM should not be overlooked.

McVicar commented that since we have no data linking particular experience or performance variables to quality, we must be very careful not mandate an arbitrary standard that causes a major problem for a good program that is already up and operating.

After a very lengthy discussion relating to the difficulties of identifying specific objective items necessary to outline an RSI prerequisite, the Board asked Blanchard to put together a meeting of hospital representatives, medical directors and services that currently are running RSI programs. All programs in NH should be included, and each program should be represented by more than just one person. At the meeting we will present a draft prerequisite document for comments.

Item 3 Technical Advisory

Dose of Kytril: At the July 2005 meeting it was reported that the New Hampshire Board of Pharmacy approved the use of granisetron HCL (Kytril) prehospitally as an anti-emetic. There were questions to the dosing of Kytril, as the manufacture's recommendation was 1 mg, yet Concord Hospital uses 0.1 mg.

Fore explained that the Concord Hospital pharmacy department did some research on this and found that 0.1mg of Kytril can be just as effective as the standard 1 mg. Additionally, Concord's pharmacy buys their Kytril in multidose containers and repackages it into 0.1mg doses, which are then distributed to EMS units.

The board approved a dose of Kytril 0.1mg - 1mg IVP. This would allow the flexibility of the Concord providers to administer per Concord Hospital's common practice and give allowance for others to use the manufacturer's recommended dose.

Asherman Chest Seal and Petroleum: Currently in the Thoracic Injuries protocol under "Open Chest Wounds" it specifically states, "cover with non-petroleum occlusive dressing." This statement caused concern for services that are using the "Asherman Chest Seal," a device, which has in its product description, "Petrolatum Foil & Tape Construction." Because of the reference to petrolatum in the product description Blanchard has been fielding telephone calls inquiring if it could be used. Blanchard circulated a sample of the Asherman Chest Seal. Blanchard reported that when talking to a Boundtree EMS salesman, he stated the petroleum was in the adhesive, as it is in all tapes with adhesives unless stated otherwise.

D'Aprix stated that he was not sure how the wording excluding petroleum was added to the protocols, but clearly the intent was not petroleum dressings as these are a long-standing standard of care. McVicar reported that a PubMed search yielded no challenge to the use of petroleum products in this setting.

The Board voted to, "strike the words 'non-petroleum'" from the Thoracic Injuries protocols.

Roundtable: McVicar poled the Board on their thoughts of a joint dinner meeting with ACEP. The discussion from the group was very positive. McVicar will work with Sarah Johansen to firm up plans and work towards a November or early December meeting. In addition, Sabato suggested inviting ACEP members to our meeting as observers.

IV. INCUBATING PROJECTS & SUBCOMMITTEE REPORTS

Item 1. ACEP Sabato reported the ACEP group recently met on the Mt. Washington for a dinner cruise/meeting. The group expressed interest in the change from local option to statewide protocols. Additionally, the ACEP meetings have been changed to the 2nd Thursday instead of the 3rd and will no longer conflict with the MCB and Coordinating Board.

Item 2. Bureau and Division Update See attached report, which Prentiss reviewed. Two additional items:

1. An Instructor III course is being scheduled in cooperation with the Elliott Hospital.
2. The New Hampshire Fire Chief's Association is working with legislature to amend RSA 141(f) in reference to blood borne exposure and patients who cannot or will not give consent for blood draws. The Fire Chiefs are interested in making changes to protect providers.

Item 3. EMSC Janet Houston presented the board with a handout outlining the federal performance measures recently handed down to the states from Congress, for a five year plan in EMSC. Houston explained that in the past she was given a five year plan with approximately fifty (50) pages of objectives to pick and choose. This time Congress has chosen the objectives for them, which are outlined in the handout.

Houston reviewed the objectives with the board. The guiding principle is that EMSC become integrated into the State EMS System. Individual recommendation include protocols and equipment requirements, which Houston felt we are well ahead of; a trauma and medical assignment for hospitals, an EMSC advisory committee, among others.

Houston stated she would be asking the Division Chief, Sue Prentiss for a letter of support as well as one from this board.

D'Aprix moved, "we support EMSC integration into the State EMS System and its future sustainability." Sabato 2nd.

Vote: Unanimous, motion PASSED.

Item 4: Trauma System Sutton reported the trauma plan has been modified to be current with manpower issues. Additionally, they have received a request from Cottage Hospital for an initial site review.

Clay O'Dell has been working with a hospital and EMS task force in the North Country in order to improve the transfer situation. Sutton stated that Littleton feels they are in a crisis. The Trauma Committee is looking at sharing resources and manpower, it is a work in progress at this time.

Fore asked what were what were the specific areas where manpower was a problem. Sutton replied that at the level 1 and 2 hospitals, neurosurgery and orthopedics were the issues. "Seatbelts save lives, but bones are still broken."

Item 5. Intersections Project Sabato reported that on October 27, 2005 there will be a "Save Driving Summit" with responder safety as the key topic. The summit will be held at the Merrimack Hotel Conference Center, off of exit 11, Daniel Webster HWY.

Additionally, Sabato reported that New Hampshire motor vehicle crash data shows a 35% increase in alcohol-related fatalities in 2004. So far, 2005 looks even worse. In addition motorcycle fatalities are up in 2005, especially among the over fifty (50) age group.

Item 6.TEMSIS von Recklinghausen reported that as of today there were 4124 live calls in the system. He stated that the rollouts were going very well and actually ahead of schedule. Input times are seeing a decline from 18.7 minutes in July to 16.4 as of today.

Von Recklinghausen gave some examples of data available as of this morning, including: The top three: medication administrations, provider impressions and treatments provided. All in the audience were interested in the data and excited for the future.

Item 7. Other Business Sabato announced the following:

1. The New Hampshire Public Health Association will be hosting a conference on "The Heart of Public Health" and will focus on how EMS plays into the system of CPR, stroke care, etc. The conference will be held on September 20, 2005 at Waterville Valley.
2. The New Hampshire Hospital Association, Diversion Oversight Committee, started work in April 2005 with specific goals regarding ambulance diversion in the southern and seacoast areas of New Hampshire. The committee is working to develop a statewide system of best practices. Sabato will keep us posted.
3. Vaccine Program: Three upcoming sites, Hampton, Littleton and Speare Hospital we are awaiting dates.
4. Avian Flu: Sabato reported the CDC upgraded the Avian Flu status to a “Level 5” (“level 6” is the highest threat, an active epidemic). He pointed out that should a vaccination project need to be performed, it would involve two (2) vaccinations within thirty (30) days, which reinforces his support of paramedics as a necessary part of the public health system.

V. ADJOURNMENT

Motion was made by Sabato and seconded by Yanofsky to adjourn.
Unanimous agreement adjourned at 12:06 p.m.

VI. NEXT MEETING

November 17, 2005 at TBA

Respectfully Submitted,

Suzanne M. Prentiss, Bureau Chief, EMS

(Prepared by Vicki Blanchard)